

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI

FILED JUL 5 - 1955

STANDARD CERTIFICATE OF DEATH 5310

State File No. 18118

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. ~~3017~~ Registrar's No. 66

5270

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Lamine Twp.		c. LENGTH OF STAY (in this place) 1 mo.	c. CITY OR TOWN Boonville,
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 618 Morgan 0270	

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) JOSEPH	c. (Last) GARTHOFFNER	4. DATE OF DEATH (Month) (Day) (Year) June 29, 1955
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5. SEX male <input type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 11, 1867	9. AGE (In years last birthday) 88	# UNDER 1 YEAR Months	# UNDER 4 HRS. Days	# UNDER 15 MIN. Hours	# UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner-operator	10b. KIND OF BUSINESS OR INDUSTRY grain & feed	11. BIRTHPLACE (City and State or Foreign Country) Boonville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George J. Garthoffner	13b. MOTHER'S MAIDEN NAME Victoria Wagner	14. NAME OF HUSBAND OR WIFE Mary Darby Garthoffner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Bernadine Garthoffner	ADDRESS Boonville, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>+ 30 minutes</u> <u>5 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boonville, Mo. 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-2-55, 19, to 6-29-55, 19, that I last saw the deceased alive on 5-15-55, 19, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE B. M. Stuart, M.D.	(Degree or title)	23b. ADDRESS 329 Main, Boonville, Mo.	23c. DATE SIGNED 7-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 2, 1955	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul's	24d. LOCATION (City, town, or county) (State) Boonville, Mo.
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DATE REC'D BY LOCAL REG. 7/1/55	REGISTRAR'S SIGNATURE D. Hooper 381-0	25. FUNERAL DIRECTOR'S SIGNATURE B. W. Shacker	ADDRESS Boonville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 6 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Berry W. Shacker*

Licensed Embalmer No. *397*

P. O. Address *Baconville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.